

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE
NON PUBLICLY TRADED CORPORATION

FEE \$500.00 (non-refundable and not transferable)

Application must be printed legibly

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy ☒ Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: Institutional Pharmacy Solutions
Physical Address: 5900 W. Rochelle Avenue
Mailing Address: 400 Interstate PK. Dr. SR. 430, Montgomery, AL 36109
City: Las Vegas State: NV Zip Code: 89103
Telephone Number: (702) 364-1111 Fax Number: (334) 356-7082
Toll Free Number: N/A
E-mail: JGreen@IPSPharmacy.com Website: WWW.IPSPharmacy.com
Managing Pharmacist: Selamawit Taylor License Number: 14503

Hours of Operation:

Monday thru Friday 0800 am 1600 pm Saturday _____ am _____ pm
Sunday _____ am _____ pm 24 Hours N/A

TYPE OF PHARMACY

SERVICES PROVIDED

- ☐ Retail
- ☒ Hospital (# beds 95)
- ☐ Internet
- ☐ Nuclear
- ☐ Out of State
- ☐ Ambulatory Surgery Center

- ☐ Off-site Cognitive Services
- ☐ Parenteral
- ☐ Parenteral (outpatient)
- ☒ Outpatient/Discharge
- ☐ Mail Service
- ☐ Long Term Care

Board Use Only

Received: MAR 28 2011 Check Number: 944 Amount: 500.00

56397
3358

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: ALABAMA
Parent Company if any: N/A
Corporation Name: Institutional Pharmacy Solutions
Mailing Address: 400 Interstate Park Dr. Ste. 430
City: Montgomery State: AL Zip: 36109
Telephone: (334) 356-7627 Fax: (334) 356-7082
License Contact Person: January Green
Professional Compliance Contact Person: January Green

Name and title of each officer and director (Use separate sheet if necessary)

Officer or director name

Officer or director title

Daniel R. Mims

For any corporation non publicly traded, disclose the following:

- 1) List any persons to whom the shares were issued by the corporation?

a) Daniel R. Mims 2531 Pike Road, Pike Road, AL 36064
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

NOTE: All persons who are stockholders must accurately complete a personal history record form.

- 2) Provide the number of shares issued by the corporation. N/A
3) What was the price paid per share? N/A
4) What date did the corporation actually receive the cash assets? N/A
5) Provide a copy of the corporations stock register evidencing the above information

If the non publicly traded corporation is a subsidiary, list name and state of incorporation of the parent corporation and include a list of its officers.

N/A

- 6) Has the firm or any owner(s), shareholder(s) hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction?

Yes ☐ No ☒ If yes, list the persons, their address and their business names.

a) _____
Name Address

Business

b) _____
Name Address

Business

c) _____
Name Address

Business

d) _____
Name Address

Business

- 7) Has the firm or any owner(s), shareholder(s) in the last 10 years been associated with any person, business or health care entity in which pharmaceutical products were sold, dispensed or distributed?

Yes ☐ No ☒ If yes, list the persons, their address and their business names.

a) _____
Name Address

Business

b) _____
Name Address

Business

Within the last five (5) years:

- 8) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

- 9) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been denied a license, permit or certificate of registration?

Yes ☐ No ☒

10) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry?

Yes ☐ No ☒

11) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?

Yes ☐ No ☒


12) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?

Yes ☐ No ☒

If the answer to any question 8 through 12 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.



Signature of corporation officer

3-18-11

Date

Daniel R. Mims, President

Print or Type name and title

STATEMENT OF RESPONSIBILITY
NON PUBLICLY TRADED CORPORATION

I, Daniel R. Mims

Corporate Officer of Institutional Pharmacy Solutions

hereby acknowledge and understand that in addition to the corporation's responsibilities, my fellow officers and I, as corporate officers of said corporation, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporate officers may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy or operation of a pharmacy in Nevada.

I further acknowledge and understand that upon the change of managing pharmacist in the pharmacy, the corporation must assure that an accountability audit of all controlled substances shall be performed jointly by the departing managing pharmacist and the new managing pharmacist.


Signature

3-18-11
Date

Statement of Responsibility

Managing Pharmacist

Pharmacist Name: Selamawit Taylor

License #: 165a3

Pharmacy Name: Institutional Pharmacy Solutions

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. been the subject of an administrative action whether completed or pending in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you marked YES to any of the numbered questions above, please include the following information

Board Administrative Action: State: _____ Date: _____ Case #: _____

And/or Criminal Action: State: _____ Date: _____ Case #: _____
County: _____ Court: _____

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
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Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy _____ Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: Valley View Surgery Center

Physical Address: 1330 S. Valley View Blvd Las Vegas, NV 89102

Temporary Mailing Address: 410 Medical District Surgery Center
2020 Goldring, Suite 300, Las Vegas NV 89106

City: Las Vegas State: NV Zip Code: 89102

Telephone Number: 702-477-7000 Fax Number: 702-853-1281

Toll Free Number: none

E-mail: fdelacruz@wlvsc.com Website: none

Managing Pharmacist: Mary Grear, RPh License Number: 10687

Hours of Operation:

Monday thru Friday 7 am 5 pm Saturday closed am _____ pm
Sunday closed am _____ pm 24 Hours no

TYPE OF PHARMACY

SERVICES PROVIDED

- ☐ Retail
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☐ Out of State
- ☒ Ambulatory Surgery Center

- ☐ Off-site Cognitive Services
- ☐ Parenteral
- ☐ Parenteral (outpatient)
- ☐ Outpatient/Discharge
- ☐ Mail Service
- ☐ Long Term Care

Board Use Only

Received: MAR 24 2011 Check Number: 182 Amount: 500.00

56395
3351

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: Nevada
Parent Company if any: West Las Vegas Surgery Center LLC
Corporation Name: ~~West~~ PBA: Valley View Surgery Center
Mailing Address: 2020 Goldring, Suite 300
City: Las Vegas State: NV Zip: 89106
Telephone: 702-477-7000 Fax: 702-853-1281
License Contact Person: Fay Delacruz, RN ^{Chief Nurse Officer}
Professional Compliance Contact Person: Fay Delacruz, RN, Chief Nurse Officer

Name and title of each officer and director (Use separate sheet if necessary)

Officer or director name

Officer or director title

see attached list
(ATTACHMENT A)

DR. ROBERT BIEN, PRESIDENT
OF GOVERNING BOARD

For any corporation non publicly traded, disclose the following:

1) List any persons to whom the shares were issued by the corporation?

a) see attached list (ATTACHMENT B)

Name

Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

NOTE: All persons who are stockholders must accurately complete a personal history record form.

- 2) Provide the number of shares issued by the corporation. 92
- 3) What was the price paid per share? \$10,000.00
- 4) What date did the corporation actually receive the cash assets? 12/2004
- 5) Provide a copy of the corporations stock register evidencing the above information

If the non publicly traded corporation is a subsidiary, list name and state of incorporation of the parent corporation and include a list of its officers.

- 6) Has the firm or any owner(s), shareholder(s) hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction?

Yes ☒ No ☐ If yes, list the persons, their address and their business names.

a) SEE ATTACHMENT A

Name	Address
Business	

b)

Name	Address
Business	

c)

Name	Address
Business	

d)

Name	Address
Business	

- 7) Has the firm or any owner(s), shareholder(s) in the last 10 years been associated with any person, business or health care entity in which pharmaceutical products were sold, dispensed or distributed?

Yes ☒ No ☐ If yes, list the persons, their address and their business names.

a) SEE ATTACHMENT A

Name	Address
Business	

b)

Name	Address
Business	

Within the last five (5) years:

- 8) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☒ No ☐

SEE ATTACHMENT C

- 9) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been denied a license, permit or certificate of registration?

Yes ☐ No ☒

10) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry?

Yes ☐ No ☒

11) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?

Yes ☐ No ☒

12) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?

Yes ☐ No ☒

If the answer to any question 8 through 12 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.



Signature of corporation officer

3/4/11

Date

Robert Bien, M.D., PRESIDENT

Print or Type name and title

STATEMENT OF RESPONSIBILITY
NON PUBLICLY TRADED CORPORATION

I, Robert Bien, M.D
Corporate Officer of Valley View Surgery Center

hereby acknowledge and understand that in addition to the corporation's responsibilities, my fellow officers and I, as corporate officers of said corporation, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporate officers may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy or operation of a pharmacy in Nevada.

I further acknowledge and understand that upon the change of managing pharmacist in the pharmacy, the corporation must assure that an accountability audit of all controlled substances shall be performed jointly by the departing managing pharmacist and the new managing pharmacist.



Signature

3/4/11

Date

Statement of Responsibility

Managing Pharmacist

Pharmacist Name: Mary Grear

License #: 10687

Pharmacy Name: Valley View Surgery Center

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. been the subject of an administrative action whether completed or pending in any state?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you marked YES to any of the numbered questions above, please include the following information		
Board Administrative Action:	State: <u>NV</u>	Date: <u>2002</u> Case #: _____
And/or Criminal Action:	State: _____	Date: _____ Case #: _____
	County: _____	Court: _____

<u>CLASS B MEMBER</u>		
The Valley Health System, LLC dba Valley Hospital Medical Center	620 Shadow Lane Las Vegas, Nevada 89106	702-388-4000
<u>CLASS C MEMBER</u>		
Regent Investment Management, INC. Scott Becker	Four Westbrook Corp Center, #440 Westchester, IL 60154	708-492-0531

03/16/11

<u>CLASS A MEMBERS</u>		
Name	Address	Phone Number
Abrams, Jack MD	6450 Medical Center Street Las Vegas, Nevada 89148	702-304-9494
Basu, Sanghamitra, MD	6955 N. Durango Drive #1115-301 Las Vegas, Nevada 89149	702-362-7272
Becker, Steven MD	700 Shadow Lane #235 Las Vegas, Nevada 89106	702-382-3221
Bien, Robert MD President, Governing Board	7050 Smoke Ranch Road A-2 Las Vegas, Nevada 89128	702-223-9911
Burkhead, Daniel MD	3110 S. Rainbow Blvd. #101 Las Vegas, Nevada 89146	702-316-2281
Denny, Larry MD	2625 S. Rainbow Blvd. #D-106 Las Vegas, Nevada 89146	702-254-3939
Desert West Surgery	1111 Shadow Lane Las Vegas, Nevada 89102-2314	702-383-4040
Forage, James MD	3061 S. Maryland Parkway, #200 Las Vegas, Nevada 89109	702-737-1948
Freedman, Sheldon MD	3061 S. Maryland Parkway, #200 Las Vegas, Nevada 89109	702-732-0282
Garber, Jason MD	3150 N. Tenaya #340 Las Vegas, Nevada 89128	702-835-0088
Grover, Jaswinder MD	7140 Smoke Ranch Road Las Vegas, Nevada 89128	702-320-8111
Hampar, Kenneth MD	600 S. Rancho Lane #113 Las Vegas, Nevada 89106	702-878-8252
Kabins, Mark MD	501 South Rancho Drive Las Vegas, NV 89106-4828 -	702 243-4700
Karabachev, Ivan MD	3201 S. Maryland Parkway, #500 Las Vegas, Nevada 89109	702-369-3066
Kidwell, Walter MD	600 S. Rancho Lane #113 Las Vegas, Nevada 89106	702-878-8252
Kozmary, Steven MD	2851 El Camino Avenue #101 Las Vegas, Nevada 89102	702-380-3210
Ng, Mathew MD	5380 S. Rainbow, #324 Las Vegas, Nevada 89119	702-734-3606
Pasimio, Edmund MD	801 S Rancho Drive #A3 Las Vegas, Nevada 89106	386-0707
Ricciardi, Anthony M. DPM	8084 W. Sahara, #B Las Vegas, Nevada 89117	702-878-2455
Smith, William MD	3061 S. Maryland Parkway, #200 Las Vegas, Nevada 89109	702-737-7195
Thalgott, MD	600 S. Rancho Lane #107 Las Vegas, Nevada 89106	702-878-3423
Valpianni, Michael, MD	6725 S Eastern Ave #6 Las Vegas, Nevada 89119	702-474-0200
Intentionally left blank		

	11/9/2009	9-Nov Adj	9-Nov New	
<u>Class A Members</u>				
Anthony M. Ricciardi, DPM	5.20		5.200	5.64%
Sanghamitra Basu, MD			0.900	1.00%
Daniel Burkhead, MD	6.00		6.000	6.51%
Desert West Surgery	6.00	-3.000	3.000	3.25%
Dr. Denny	2.00		2.000	2.17%
Dr. Jack Abrams	2.00	0.600	2.600	2.82%
Dr. Jason Garber	2.514	1.000	3.514	3.81%
Ivan Karabachev, MD	0.40		0.400	0.43%
Jaswinder Grover, MD	6.00		6.000	6.51%
John Thalgott (CDSS Retirement Plan)	1.60		1.600	1.74%
John Thalgott, MD	6.00		6.000	6.51%
Kenneth Hampar, MD	2.00		2.000	2.17%
Matthew Ng, MD	0.80		0.800	0.87%
Michael Valpiani, M.D.	2.028		2.028	2.20%
Robert Bien , MD	6.00	0.600	6.600	7.16%
Sheldon Freedman, MD (Sunflower Family LP)	2.40	-1.000	1.400	1.52%
Steve Becker, MD	2.80	1.000	3.800	4.12%
Steve Kozmary, MD	6.00		6.000	6.51%
Mark Kabins		1.514	1.514	1.64%
The JSF Living Trust (Dr. James Forage)	2.514		2.514	2.73%
The SP SDW Living Trust Dr. William Smith	2.514		2.514	2.73%
Walter M. Kidwell Defined Benefit Keogh	5.05	0.600	5.650	6.13%
Edmund R. Pasimio, MD-Guranteed Development, Inc.	0.00	3.000	3.000	3.25%
Class A Total	69.82		75.034	81.38%
CLASS B MEMBERS				
VALLEY HEALTH SYSTEMS	17.17		17.17	18.62%
CLASS B TOTAL	17.17		17.170	18.62%
<u>Class C Member</u>				
REGENT SURGICAL HEALTH LLC	7.816			0.00%
Scott Becker (Regent Investment Management, Inc.)	0.808			0.00%
	8.62		0.000	0.00%
	95.61		92.204	100.00%

Share Journal

7/27/2005, Dr. Ricciardi purchased 3.2 units for \$32,000.
8/1/2005, Dr. Kozmary purchased 6.0 units for \$60,000.
5/31/2006 Dr Steven Becker purchases .8 units from Timothy Tolan.
6/29/2006 Dr Crispino Santos buys 1.05 units @ \$31,800 per unit.
7/2006 Valley Hospital purchases .17 shares for \$5,406.
07/2006 Regent purchases .076 shares for \$2,416.80.
07/2006 RIM purchases .008 shares for \$254.40.
6/11/2007 McKenna sold his 2 shares to Dr. Denny
5/31/07 Dr. Santos was adversely terminated. His shares were redeemed for \$70,510.89.
7/31/07 Dr. Abrams purchased one share for \$81,000
8/8 Dr. Santos was not adversely terminated, he transferred his 1.05 shares to Dr. Kidwell
Date - Dr. Fishell sold his 1.6 shares to Dr. Thalgott. Check for 1.6 shares to be made out to CDSS Retirement Plan (Thalgott's retirement plan).
Effective 8/08, Ataga 2 sold 17.6 shares to Drs Veneger, Smith, Anson, Duke, Garber, Forage, Kaplan in the amount of 2.514 shares each.
Effective 10/15/08, Drs. Duke and Kaplan sold each 2.514 shares. On 10/17 Dr. Valpiani purchased 2.028 shares, Dr. Abram purchased 1 share, and Dr. Ricciar
Effective 3/09, MDSC is purchasing Dr. Venger's 2.514 shares for \$150,000.
Dr. Tadlock was adversely terminated on 4/23/09.
Effective 11/9/09, Dr. Pasimio purchased 3 shares from Desert West for \$60,000 per share in a private sale.
Effective 12/22/09, MDSC redeemed Regent 7.816 shares at AT price.

ATTACHMENT B



NEVADA STATE BOARD OF MEDICAL EXAMINERS

[Search](#)

Licensee Details

Person Information

Name: Mark Bradley
KABINS
Address: 501 South Rancho
Drive, Ste. I-67
Las Vegas NV
89106-4862
Phone: 7022434700

License Information

License Type: Medical Doctor
License Number: 6466 Status: Active-Probation
Issue Date: 6/6/1992 Expiration Date: 6/30/2011

Scope of Practice

Scope of Practice: Surgery, Orthopedic

Education & Training

School: University of Illinois / Chicago, IL
Medical
Degree\Certificate: Doctor
Degree

Date Enrolled:
Date Graduated: 6/8/1986

Scope of Practice:

School: University of Iowa Hospitals / Iowa City, IA
Degree\Certificate: Internship
Date Enrolled: 7/1/1986
Date Graduated: 6/30/1987
Scope of Practice: Surgery, Orthopedic

School: University of Iowa Hospitals / Iowa City, IA
Degree\Certificate: Residency
Date Enrolled: 7/1/1987
Date Graduated: 6/30/1991
Scope of Practice: Surgery, Orthopedic

School: University of California-Davis / Sacramento, CA
Degree\Certificate: Fellowship
Date Enrolled: 8/1/1991
Date Graduated: 7/31/1992
Scope of Practice: Surgery, Orthopedic

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School:	Orthopedic Surgery
Degree\Certificate:	American Board
Date Enrolled:	
Date Graduated:	7/1/1994
Scope of Practice:	Surgery,Orthopedic

School:	Orthopedic Surgery
Degree\Certificate:	Am Bd Recertification
Date Enrolled:	
Date Graduated:	1/1/2005
Scope of Practice:	Surgery,Orthopedic

CURRENT CONDITIONS/RESTRICTIONS ON LICENSE AND MALPRACTICE INFORMATION

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CURRENT CONDITIONS ON LICENSE:

SETTLEMENT, WAIVER AND CONSENT AGREEMENT

December 6, 2010

On December 3, 2010 a Settlement, Waiver and Consent Agreement was approved and accepted by the Nevada State Board of Medical Examiners (Board), whereby, Mark Kabins, M.D. (Respondent), although Respondent believes that the amendments of NRS 630.364 may preclude the Board from proceeding, Respondent is aware that the trier of fact, the Board, may find a factual basis in support of the Second Amended Complaint against Respondent. Accordingly, in order to resolve the matter without incurring further costs and expense of providing a defense to the Second Amended Complaint or to any other further amended complaint, and in exchange for the waiver of the Respondent's foregoing rights, Respondent has entered into this Agreement, and agrees:

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a. The Board may find that Respondent has engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act, to wit: Respondent pleading guilty to and being convicted of Misprison of Felony, a violation of 18 U.S.C. § 4, was a violation of NRS 630.301(9);

b. Pursuant to NRS 630.352(4)(d), Respondent agrees upon adoption of this Agreement, to accept a stayed suspension of his license to practice medicine in the state of Nevada for a period of six (6) months. If, during the term of Respondent's six (6) months' stayed suspension, the IC receives substantial evidence that Respondent has materially breached the terms and conditions of this Agreement, Respondent agrees the IC, without any further hearing or action by the Board, shall issue an order suspending Respondent's license to practice medicine in the state of Nevada.

Thereafter, Respondent may request a hearing before the Board to reinstate his license, which must be heard within forty-five (45) days of the Order of Suspension. However, during the pendency of the hearing before the Board, Respondent waives any right to seek judicial review (state or federal) to reinstate his privilege to practice medicine in the state of Nevada pending a final Board hearing;

c. Pursuant to NRS 630.352(4)(b), Respondent agrees the Board shall administer a formal written public reprimand which will include language which is synonymous with the terms of this Agreement;

d. Currently Respondent is serving five (5) years of probation pursuant to an Order issued by the United States District Court, Case No. 2:07-cr-000039-JLQ-LRL. Pursuant to NRS 630.352(4)(a), Respondent agrees he shall submit to the Board any and all documentation regarding the terms of his probation entered in the United States District Court, Case No. 2:07-cr-000039-JLQ-LRL.

e. Pursuant to NRS 630.352(4)(a), Respondent agrees to being placed on probation with the Nevada State Board of Medical Examiners pursuant to the terms and conditions issued by the United States District Court. Within thirty (30) days of the adoption of this Agreement, Respondent shall provide a copy of this Agreement to his office of Federal Parole and Probation. Respondent shall also execute any documents necessary authorizing the office of Federal Parole and Probation to release any and all reports generated regarding Respondent's compliance with the terms and conditions of Respondent's federal probation. Once respondent is given written notice of his completion of his probation, Respondent shall submit the written notice to the Investigative Committee. Upon receipt of the written notice of completion the IC shall, without any further action of the Board, authorize an Order reinstating

Disciplinary Actions

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FORMAL DISCIPLINARY ACTION TAKEN BY THE NEVADA STATE BOARD OF MEDICAL EXAMINERS:

FORMAL COMPLAINT

February 3, 2010

The Investigative Committee (IC) of the Board of Medical Examiners of the State of Nevada (Board) filed its formal complaint against Mark Kabins, MD (Respondent), on, February 3, 2010 charging Respondent with a violation of Nevada Revised Statute (NRS) 630.301(9), Count I; Respondent engaged in conduct that brings the medical profession into disrepute. Count II; Respondent violated NRS 630-301(11)(g) when he plead guilty to and was convicted of Misprision of Felony. Count III; Respondent violated NRS 630.306(2)(a) when the facts as acknowledged by Respondent indicate that he knew of mail or wire fraud committed by others against a former patient of his, and that he concealed material information about the crime, and that he did not as soon as possible make known the crime to proper legal authorities. JL

Complaint: 3 pages

Exhibits: 29 pages

SECOND AMENDED COMPLAINT

March 10, 2010

The Investigative Committee (IC) of the Board of Medical Examiners of the State of Nevada (Board) filed its formal complaint against Mark Kabins, MD (Respondent), on, February 3, 2010 charging Respondent with a violation of Nevada Revised Statute (NRS) 630.301(9), Count I; Respondent engaged in conduct that brings the medical profession into disrepute. Count II; Respondent violated NRS 630-301(11)(g) when he plead guilty to and was convicted of Misprision of Felony. Count III; Respondent violated NRS 630.306(2)(a) when the facts as acknowledged by Respondent indicate that he knew of mail or wire fraud committed by others against a former patient of his, and that he concealed material information about the crime, and that he did not as soon as possible make known the crime to proper legal authorities. Original complaint was lacking verification. JL

Complaint: 5 pages

SETTLEMENT, WAIVER AND CONSENT AGREEMENT

December 6, 2010

On December 3, 2010 a Settlement, Waiver and Consent Agreement was approved and accepted by the Nevada State Board of Medical Examiners (Board), whereby, Mark Kabins, M.D. (Respondent), although Respondent believes that the amendments of NRS 630.364 may preclude the Board from proceeding, Respondent is aware that the trier of fact, the Board, may find a factual basis in support of the Second Amended Complaint against Respondent. Accordingly, in order to resolve the matter without incurring further costs and expense of providing a defense to the Second Amended Complaint or to any other further amended complaint, and in exchange for the waiver of the Respondent's foregoing rights, Respondent has entered into this Agreement, and agrees:

a. The Board may find that Respondent has engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act, to wit: Respondent pleading guilty to and being convicted of Misprision of Felony, a violation of 18 U.S.C. § 4, was a violation of NRS 630.301(9);

Please note that the settlement of a medical malpractice action may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the provider. Therefore, there may be no disciplinary action appearing for a licensee even though there is a closed malpractice claim on file. A payment in the settlement of medical malpractice does not create a presumption that medical malpractice occurred. Sometimes insurance companies settle a case without the knowledge and/or agreement of the physician. This database represents information from insurers to date. Please note: All insurers may not have submitted claim information to the Board.

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